



## Montana Application for Class 3 Administrative license— Superintendent Endorsement

Requirements for Montana Class 3 Administrator—Superintendent Endorsement	
1. Completion of an Administrative Superintendent preparation program which accredited by NCATE, CAEP, or is a state approved program from a regionally accredited college or university. ARM 10.57.414	
2. Completion and verification of a Master's Degree in educational leadership or a Master's Degree related to education or an Education Specialist Degree or a Doctoral Degree in education or education leadership ARM 10.57.414	
3. Three years teaching experience as a licensed teacher in a state accredited PreK -12 or K-12 school setting. ARM 10.57.413	
4. One year of administrative experience as an appropriately licensed principal. ARM 10.57.414	
5. Completion of three semester credits in the following areas: Montana school law, Montana school finance, and Montana collective bargaining and employment law. ARM 10.57.414	
<b>Important Considerations:</b> <ul style="list-style-type: none"> <li>• <b>Montana DOES NOT have reciprocity with any other state</b> in regards to educator licensure. Therefore even though you may have been a licensed educator or administrator in another state, if you do not meet all of requirements above, you will not qualify for Class 3 Educator licensure in Montana.</li> <li>• <b>If you completed an alternative educator preparation program in another state, your program may not meet the requirements for licensure in Montana</b> and therefore you may not qualify for Class 3 licensure. Your educator preparation program's accreditation status must be verified on a University Recommendation form and submitted for review.</li> <li>• <b>You must qualify for a Montana teaching license to be considered eligible for an administrative license in Montana.</b> Please review the requirements for teacher's licensure on our website at <a href="http://opi.mt.gov/cert">http://opi.mt.gov/cert</a>.</li> <li>• <b>If you have not completed the coursework listed above (Montana school law, finance, and collective bargaining and employment law) you can apply for the Class 5 provisional license</b> which will give you 3 years from validation of your license to complete the coursework while working as a principal. Please indicate on the application if you are applying for your provisional license.</li> <li>• For questions regarding these considerations please call us at 406-444-3150</li> </ul>	
Montana Educator Licensure Application Checklist	
I have completed all sections of the application and indicated the endorsement/endorsements I am applying for.	Complete
I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 1 and Class 3 both)	
I have enclosed an official transcript or requested official transcripts be mailed to the Montana OPI from all institutions I have attended.	
I have signed and dated the bottom of the Character and Fitness Information page. (page 4)	
I have recited the oath in the presence of a licensed notary and signed the notary page. (page 5)	
I have requested a fingerprint background check to be processed by the Montana Department of Justice.	
I have included a copy of my valid out of state license. (If applicable)	
I have completed the top section of the Verification of Teaching /Administrative Experience Form(s) and sent them to my employers for completion. <b>I am sending these documents along with my application.</b>	
I have completed the top sections of the University Recommendation form and sent it to the institution where I completed my administrator's preparation program. <b>I am sending this document along with my application.</b>	
<b>Important: Applications will not be processed until all required documentation/information has been received. Processing time depends on the time of year and the volume of applications being processed. Between April and September processing time may be 6-8 weeks. It is your responsibility to check with our office to ensure that all materials have been received. You can review your application at <a href="https://apps3.opi.mt.gov/SSO/Login/Login.aspx">https://apps3.opi.mt.gov/SSO/Login/Login.aspx</a></b>	All documents must be mailed to:  <b>Montana Office of Public Instruction</b> <b>Attn. Educator Licensure</b> <b>PO Box 202501</b> <b>Helena, MT 59620</b>



## Class 3 Administrator License Application—Superintendent Endorsement

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at [www.opi.mt.gov/cert](http://www.opi.mt.gov/cert).

Last Name		First Name		Middle Initial	
Street Address			Apartment/Unit #		
City	State	Zip Code	Former Name(s)		
Phone Number		Email Address			
Last Four Digits of Your SSN		Date of birth	Gender	<input type="radio"/> Male <input type="radio"/> Female	
Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White			Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic		
School year initial licensure to be active		July 1, _____			
Have you ever held a Montana Educator License?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate under what name.		
Have you ever held an educator license from another state?		<input type="radio"/> Yes <input type="radio"/> No	If so, please indicate what state/states.		

### Academic and Education Experience

**Class 3 Administrative Superintendent licensure requires that all applicants MUST have completed a Master's Degree in Educational Leadership or Master's Degree related to Education or an Education Specialist Degree or a Doctoral Degree in Education or Education Leadership.**

Original or electronic ("escript") transcripts must be submitted for all colleges or universities attended.

Electronic transcripts must be sent from the college or an official transcript clearinghouse.

We will not accept electronic or scanned transcripts directly from the applicant

College or University	City/State	Degree earned	Major		Minor	
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Educational Specialist <input type="radio"/> Doctoral	Educator Preparation Program?	<input type="radio"/> Yes <input type="radio"/> No	Educational Leadership Program?	<input type="radio"/> Yes <input type="radio"/> No
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Educational Specialist <input type="radio"/> Doctoral	Educator Preparation Program?	<input type="radio"/> Yes <input type="radio"/> No	Educational Leadership Program?	<input type="radio"/> Yes <input type="radio"/> No
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Educational Specialist <input type="radio"/> Doctoral	Educator Preparation Program?	<input type="radio"/> Yes <input type="radio"/> No	Educational Leadership Program?	<input type="radio"/> Yes <input type="radio"/> No
Transcripts requested/enclosed <input type="radio"/>		<input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Educational Specialist <input type="radio"/> Doctoral	Educator Preparation Program?	<input type="radio"/> Yes <input type="radio"/> No	Educational Leadership Program?	<input type="radio"/> Yes <input type="radio"/> No

## Verification of Completion of Montana Coursework

Please check one of the options below.

I have completed the required 3 Semesters each of Coursework in Montana school law, Montana school finance, and Montana collective bargaining and employment law. I am applying for a Class 3 License (full licensure) as a superintendent.

I have NOT completed the required 3 Semesters each of Coursework in Montana school law, Montana school finance, and Montana collective bargaining and employment law. Therefore I am applying for a Class 5 Provisional License. I understand that if I am granted a Class 5 provisional license I will have three years from the validation date of the license to complete the required coursework while working as a Principal. Upon completion of the required coursework I may apply to have my Class 5 license upgraded to a Class 3 license for full licensure.

## Experience as a Professional Educator

Class 3 Administrative Superintendent licensure requires verification of at least 3 years of professional teaching experience as an appropriately licensed teacher.

A verification of teaching experience form must be submitted to document work experience.

(See attachment 1 of this application)

Name of School	City/State	Dates Employed	Assignment	Grade level
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	

## Experience as a Licensed Principal

Class 3 Administrative Superintendent licensure requires verification of at least 1 year of P-12 Principal experience as an appropriately licensed and assigned Principal.

A verification of administrative experience form must be submitted to document work experience.

(See attachment 2 of this application)

Name of School	City/State	Dates Employed	Assignment	Grade level
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	
			<input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____	

## Application for Superintendent Endorsement

A university recommendation form from the Administrative Superintendent preparation program you have completed is required to document your eligibility for this endorsement.

(See attachment 3 of this application)

## Character and Fitness Information

Last Name	First Name	MI
<b>1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.</b>		<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction	Type of License	Certificate or License Number
<b>2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.</b>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation
		<input type="radio"/> Failure to Renew
		<input type="radio"/> Cancellation
<b>3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.</b>		<input type="radio"/> Yes <input type="radio"/> No
<b>4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. *Most arrests and convictions show up on a background check even if purged or dismissed by a court.</b>		<input type="radio"/> Yes <input type="radio"/> No
<b>4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.</b> <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence	<input type="radio"/> Deferred Adjudication
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs	<input type="radio"/> Other Programs (Please describe)
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure.		
<b>Taxpayer ID Number, Social Security Number or Canadian ID</b>		
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>		
<b>Signature:</b>		<b>Date:</b>
<b>Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8)</b>		<input type="radio"/> Yes <input type="radio"/> No



You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

**Declaration**

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

<b>Name of applicant:</b>			
<b>Date of Birth</b>		<b>Last 4 numbers of SSN</b>	

Signature of Applicant: \_\_\_\_\_

The above oath was sworn and this document was signed before me on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ .  
(Print name of signer)

Signature of Notary: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Residing in the State of: \_\_\_\_\_ County of: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



**Attachment 1:**  
**Verification of Teaching**  
**Experience for Class 3**  
**Administrators**

This statement must be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district.							
<b>Applicant Information:</b>							
Last Name				First Name		MI	
Address		City		State		Zip Code	
Last Four Digits of SSN				Former Name(s)			
To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please return this form to the applicant at the address above.							
School Officials Name:							
School District:							
School District City/State							
Was the licensure applicant above employed as a licensed and appropriately assigned teacher in your school?				<input type="radio"/> Yes <input type="radio"/> No			
Employed from (month/year)				To (month/year)			
Full time		<input type="radio"/> Yes <input type="radio"/> No	Part time	<input type="radio"/> Yes <input type="radio"/> No	If Yes, FTE Equivalent? (eg .25 for ¼ time)		
Educational Area		<input type="radio"/> Pre K <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Classes Taught _____ <input type="radio"/> Secondary (5-12) Classes Taught _____ <input type="radio"/> Special Education <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____					
I verify that the work experience information as documented on this form is correct to the best of my knowledge.							
Signature				Printed Name & Title			
Date		Email Address			Phone Number		



<p>This statement must be prepared and signed by the appropriate school official.          The current appropriate administrator may sign this form based on personnel records.          You may need to send this form to more than one district.</p>									
<b>Applicant Information:</b>									
Last Name				First Name				MI	
Address				City			State		Zip Code
Last Four Digits of SSN				Former Name(s)					
<p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please return this form to the applicant at the address above.</p>									
School Officials Name:									
School District:									
School District City/State									
Was the licensure applicant above employed as a licensed and appropriately assigned principal in your school?				<input type="radio"/> Yes <input type="radio"/> No					
Employed from (month/year)				To (month/year)					
Full time		<input type="radio"/> Yes <input type="radio"/> No		Part time		<input type="radio"/> Yes <input type="radio"/> No		If Yes, FTE Equivalent? (eg .25 for ¼ time)	
Educational Area		<input type="radio"/> Elementary Principal (K-8) <input type="radio"/> Secondary Principal (5-12) <input type="radio"/> K-12 Principal							
<p>I verify that the work experience information as documented on this form is correct to the best of my knowledge.</p>									
Signature				Printed Name & Title					
Date			Email Address				Phone Number		



This statement must be prepared and signed by the appropriate official from the college or university where your Administrative Superintendent's Preparation Program was completed.							
<b>Candidate Information:</b>							
Last Name				First Name		MI	
Address		City		State		Zip Code	
Last Four Digits of SSN		Birth Date		Former Name(s)			
To be completed by the college or university where the applicant completed your Administrative Superintendent's preparation program. Please return this form to the candidate at the address above.							
Name of College/University							
City/State							
Is your institution regionally accredited?		<input type="radio"/> Yes <input type="radio"/> No		Name of regional agency:			
Accreditation of Administrative Superintendent Preparation Program		<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State <input type="radio"/> Other i.e. Alternative route. (please describe) _____					
Type of Degree		<input type="radio"/> Doctoral <input type="radio"/> Education Specialist <input type="radio"/> Master's Degree in Education Leadership <input type="radio"/> Master's Degree related to Education (please describe) _____					
To qualify for the Administrative Superintendent endorsement, Montana requires a minimum of 18 semester graduate credits in a school administrator preparation program							
<input type="radio"/> The university program meets this requirement <input type="radio"/> The university program does not meet this requirement							
12 semester credits must be beyond the master's degree in education leadership, please identify the courses that meet this requirement.							
Course Number		Course Title					
To qualify for a full license endorsed as Administrative Superintendent, Montana requires the following courses:				Does the program the candidate completed contain the required coursework listed?			
<input type="radio"/> Montana school law <input type="radio"/> Montana school finance <input type="radio"/> Montana collective bargaining and employment law				<input type="radio"/> Yes <input type="radio"/> No			
I attest that the above named candidate completed an Administrative Superintendent's preparation program. This program leads to licensure in the state of _____.							
Signature				Printed Name & Title			
Date		Phone Number		College Seal:			
Email Address							





## How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**

3. Complete the following sections as instructed below:

**Employer and Address:** Montana Office of Public Instruction  
Educator Licensure Division  
PO Box 202501  
Helena, MT 59620-2501

**Reason Fingerprinted:** Montana Educator Licensure  
ARM 10.57.201A

**ORI:** MT025025Y  
DOJ-ST ID BUR  
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice  
PO Box 201403  
Helena, MT 59620-1403

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.